



RateFast Express Impairment Rating Agreement

Employee Information			
Name (Last, First, Middle):			
Date of Injury (MM/DD/YYYY):		Date of Birth (MM/DD/YYYY):	
Claim Number:		Employer:	
Claims Administrator Information			
Company Name:		Contact Name:	
Address:		City:	State:
Zip Code:	Phone:	Fax:	
E-mail Address:			
NCM Name:		NCM E-mail Address:	
Vendor Service Information			
Vendor Name: RateFast		Contact Name: Chris Hall	
Address: 2360 Mendocino Ave., Ste. A2-325		City: Santa Rosa	State: CA
Zip Code: 95403	Phone: (707) 484-5778	Fax: (707) 921-7924	
E-mail Address: express@rate-fast.com		Tax ID Number: 46-1201548	
Fee Agreement for Requested Service			
<ul style="list-style-type: none"> \$1125 for each body part rated, includes 50-pages chart review and MD Signature. \$150 per each additional 25-page units of chart review This is a 3rd party service exempt from bill review and CPT code compliance. 			
Signature: Authorized Agent/Claims Administrator:			Date:

Step 1. SELECT BODY PART(S) FOR RATING

SPINE:	UPPER EXTREMITIES:	R	L	LOWER EXTREMITIES:	R	L	HERNIA:	R	L
<input type="checkbox"/> Cervical	Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Hip	<input type="checkbox"/>	<input type="checkbox"/>	Inguinal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thoracic	Elbow	<input type="checkbox"/>	<input type="checkbox"/>	Knee	<input type="checkbox"/>	<input type="checkbox"/>	Umbilical	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lumbar	Wrist	<input type="checkbox"/>	<input type="checkbox"/>	Ankle	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Skin	Thumb	<input type="checkbox"/>	<input type="checkbox"/>	Great Toe	<input type="checkbox"/>	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Psychiatric	Index	<input type="checkbox"/>	<input type="checkbox"/>	Lesser Toe(s)	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Pulmonary/COVID	Middle	<input type="checkbox"/>	<input type="checkbox"/>	Other Body Parts:					
	Ring	<input type="checkbox"/>	<input type="checkbox"/>						
	Little	<input type="checkbox"/>	<input type="checkbox"/>						

Step 2. Securely email or fax this coversheet and the following to RateFast Express:

- The Doctor's First Report AND the most recent PR-2 report
- All surgical/procedure notes AND most recent consult notes for each injury
- The most recent imaging and diagnostic reports for each injury

RateFast Express Email: express@rate-fast.com Fax: (707) 921-7924